

SERFF Tracking Number:	LDDX-125294788	State:	Arkansas
First Filing Company:	Old Republic Insurance Company, ...	State Tracking Number:	AR-PC-07-026116
Company Tracking Number:	WC AR00240CGR01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	WC Item Filings		
Project Name/Number:	WC Item Filings/WC AR00240CGR01		

Filing at a Glance

Companies: Old Republic Insurance Company, Old Republic General Insurance Corporation

Product Name: WC Item Filings	SERFF Tr Num: LDDX-125294788	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026116
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: WC AR00240CGR01	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: SPI ORChicago	Disposition Date: 09/19/2007
	Date Submitted: 09/18/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: WC Item Filings	Status of Filing in Domicile: Authorized
Project Number: WC AR00240CGR01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/19/2007	
State Status Changed: 09/18/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Old Republic Insurance Company and Old Republic General Insurance Corporation wishes to adopt NCCI reference Item Filing # AR-2007-10. We request an effective date of January 1, 2008.	

Company and Contact

Filing Contact Information

Patricia Wynne, Compliance Supervisor	pwynne@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4540 [Phone]
Chicago, IL 60601	(312) 762-4950[FAX]

Filing Company Information

SERFF Tracking Number: LDDX-125294788 *State:* Arkansas
First Filing Company: Old Republic Insurance Company, ... *State Tracking Number:* AR-PC-07-026116
Company Tracking Number: WC AR00240CGR01
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Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania
307 N. Michigan Avenue Group Code: 150 Company Type:
Chicago , IL 60601 Group Name: State ID Number:
(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

Old Republic General Insurance Corporation CoCode: 24139 State of Domicile: Illinois
307 N. Michigan Avenue Group Code: 150 Company Type:
Chicago, IL 60601 Group Name: State ID Number:
(312) 762-4500 ext. [Phone] FEIN Number: 36-6067575

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$25.00	09/18/2007	15672807

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<i>First Filing Company:</i>	<i>Old Republic Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026116</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/19/2007	09/19/2007

<i>SERFF Tracking Number:</i>	<i>LDDX-125294788</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 09/19/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

<i>SERFF Tracking Number:</i>	<i>LDDX-125294788</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Old Republic Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026116</i>
<i>Company Tracking Number:</i>	<i>WC AR00240CGR01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>WC Item Filings</i>		
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An error occurred rendering Disposition 125250863: null.

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Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	07/01/2007
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Old Republic Insurance Company	%	0.000%	\$0		\$0	%	%
Old Republic General Insurance Corporation	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	
Overall Percentage Rate Impact For This Filing:	0.000%
Effect of Rate Filing - Written Premium Change For This Program:	\$0

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State: Arkansas
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Sub-TOI: 16.0000 WC Sub-TOI Combinations

Effect of Rate Filing - Number of Policyholders Affected: 0

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/19/2007
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	09/19/2007
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Bypass Reason: N/A

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	09/19/2007
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Bypass Reason: N/A

Comments:

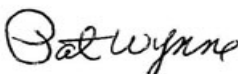
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Old Republic Insurance Group				Group NAIC #	0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Old Republic Insurance Company	PA	24147	25-0410420			
Old Republic General Insurance Corporation	IL	24139	36-6067575			

5. Company Tracking Number	WC AR00240CGR01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Patricia Wynne 307 N. Michigan Avenue Chicago IL 60601	Compliance Supervisor	800-621-0365 Ext. 4540	312-762-4950	pwynne@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Patricia Wynne			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0000 WC Sub-TOI Combinations
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 1/1/08 Renewal: 1/1/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item #AR-2007-10-Voluntary Advisory Loss Costs and Rating Values-Amendment to Item #AR-2007-01
18. Company's Date of Filing	9/18/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR00240CGR01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic Insurance Company and Old Republic General Insurance Corporation wishes to adopt NCCI reference Item Filing # AR-2007-10. We request an effective date of January 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Amount:	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)